

## DENTAL PROGRAMS

	CIGNA DMO Dental Plan	CIGNA PPO Dental Plan		Eastern Benefit Systems
		In-Network	Out-Of-Network	
<b>Provider</b>	Participating Provider	Participating Provider	Any Provider	Any Provider
<b>Claim Process</b>	Pay dentist scheduled fee	Dentist will bill you	Must submit claim forms	Must submit claim forms
<b>Annual Deductible per: Individual/Family</b> (For basic & major restorative dental services. Does not apply to preventive services.)	N/A	\$25/\$75 (in and out-of-network combined)		\$25/\$75
<b>Calendar Year Maximum Benefit per Person</b> (For all services other than orthodontia.)	N/A	\$1000 (in and out-of-network combined)		\$1000
<b>Orthodontic Lifetime Maximum Benefit per Person</b>	N/A	\$1000 (in and out-of-network combined)		\$1000
<b>Dependent Children Age Limit</b>	To age 19. End of year age 23 if full-time student.	To age 19. End of year age 23 if full-time student.		To age 19. End of year age 23 if full-time student.
<b>Reimbursement Based On</b>	Fee Schedule	Reduced Contracted Fees	Reasonable & Customary Fees	Reimbursement Schedule
<b>Class 1</b> (Preventive & Diagnostic)	Approximately 100%	80%	70%	Approximately 55%
<b>Class 2</b> (Basic Restorative Care)	Approximately 75%	60%	45%	Approximately 37%
<b>Class 3</b> (Major Restorative Care)	Approximately 58%	50%	35%	Approximately 30%
<b>Class 4</b> (Orthodontia)	Approximately 44%	50%	50%	Approximately 50%

